

Amended

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Harry T Collins 156625
(Name of Plaintiff) (Inmate Number)

PO Box 9561 Wilm De 19809
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Stan Taylor
(2) Dr. Derosier
(3) ht Ryder
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

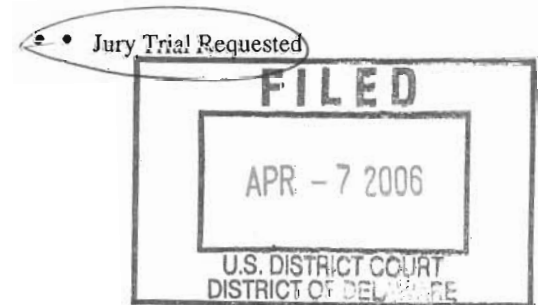
I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

Yes, This lawsuit has been Amended from
the original 12-26-05

05-624 (SLR)
(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No
- C. If your answer to "B" is Yes:
1. What steps did you take? I requested an audience with the Lt and was refused
 2. What was the result? I was given disciplinary action by being put in administrative segregation
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: Stan Taylor
 Employed as Commissioner of Corrections at HR4CI
 Mailing address with zip code: 245 McKee Drive Dover DE 19901

(2) Name of second defendant: Dr Perostier
 Employed as Medical Doctor at HR4CI
 Mailing address with zip code: PO Box 9561 Wilms DE 19809

(3) Name of third defendant: Lt Ryder
 Employed as Lt C/O at HR4CI
 Mailing address with zip code: PO Box 9561 Wilms DE 19809

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

Dana Baker - Medical Director
HR4CI - P.O. Box 9561, Wilm., DE 19809

Officer Blue - Corrections Officer
HR4CI - P.O. Box 9561, Wilm., DE 19809

Officer Manetti - Corrections Officer
HR4CI - P.O. Box 9561, Wilm., DE 19809

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

- ① I was strangled by Lt Ryder because I wouldn't fall under his authority and at the time I was sleeping on a piece of foam that was damp and was sent to the hole for 15 days because of it, and I had a bottom bunk pass to
- ② was told that I would have to sleep on the floor even though I had a bottom bunk, the 2nd time ended back down the hole again, because Mr. Desrosier said it was alright for me to sleep on the floor with a bad gall bladder and degenerative arthritis
- ③
- ④ The day after my operation I was sent back to Boulder Hill and was told that I would have to sleep on the floor again, and had to

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. Grant to me any and all compensation that the court seems fit

Sit in a chair for almost 6 hours until a Lt arrived on the scene, who got me a bed to sleep in.

⑤ This happened with CO Blue and CO Manettee, who were on duty at the time.

I got 1 hour out of my cell to take a shower when I first arrived, and wasn't let out after that which was a period of 5 to 6 days.

⑥ was not given the proper medication that was prescribed to me by the specialist who gave me the operation, in result, suffer undo pain in the process, by Dr Derosier.

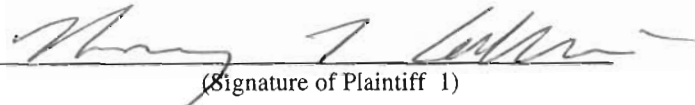
⑦ Dr Derosier refuses to give me my Arthritis medication, and keeps giving me tylenol which doesn't work, I request to see Dr Hendall but medical will not let me see him at this time.

2.

3.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of April, 2006.



(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Harry T Collins 156625
PO Box 9541 Wilms DE

APR 6

2006 WILMINGTON, DE 19850

APR 6

6

RETUR

Alice of the Clerk
United States District Court
844 N. King Street, Lock Box 18
Wilm DE 19801-3870

U.S.M.S.
X-RAY